

RESOLUTION NO: 92- 141

A RESOLUTION OF THE NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFYING THAT MONIES FROM THE COUNTY EMS AWARD WILL BE USED TO IMPROVE AND EXPAND THE COUNTY'S EXISTING PRE-HOSPITAL EMS SYSTEM

WHEREAS, the Nassau County Board of County Commissioners is responsible for the provision of Pre-hospital Emergency Medical Services, and

WHEREAS, the Nassau County Board of County Commissioners is committing to maintaining and improving Pre-hospital Emergency Medical Services to the citizens and residents of Nassau County, Florida.

WHEREAS, the Nassau County Board of County Commissioners will use funds in the amount of \$22,577.89, to be received from the County Emergency Medical Services (EMS) Award Application, to improve the existing quality of pre-hospital and EMS activities, services or to decrease patient mortality and mobility.

NOW, THEREFORE, BE IT RESOLVED that the Nassau County Board of County Commissioners certifies that monies in the amount of \$22,577.89 will be used to expand the extent, size or number of existing pre-hospital EMS activities or services in Nassau County, Florida.

ADOPTED this 14th day of September, 1992.

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA

ATTEST:

*J. Gibson by*  
*Janna Cason D.C.*  
Ex-Officio Clerk

BY:

*Tom Branahan*  
Tom Branahan  
As Chairman of the Board

1992

*FLORIDA EMS COUNTY GRANT PROGRAM*



*Florida*

*Department of Health and Rehabilitative Services*

*Office of Emergency Medical Services*



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES  
OFFICE OF EMERGENCY MEDICAL SERVICES  
1992 EMERGENCY MEDICAL SERVICES COUNTY GRANT APPLICATION**

GRANT NO. \_\_\_\_\_

**1. Board of County Commissioners (grantee) Identification:**

Name of County: Nassau  
 Business Address: 11 North 14 th. Street, Box 12  
Fernandina Beach, Florida 32034  
 Phone # (904) 261-6612 Suncom # -

**2. Certification:** *I, the undersigned official of the previously named county, certify that to the best of my knowledge and belief all information and data contained in this EMS County Grant Application and its attachments are true and correct.*

*My signature acknowledges and ensures that I have read, understood, and will comply fully with Appendix D of the state's EMS grant booklet titled, 1992 Florida EMS County Grant Program.*

Printed Name: Tom Branam Title: Chairman  
 Signature: *Tom Branam* Date Signed: 9-14-92  
 (Authorized County Official)

**3. Authorized Contact Person:** *Person designated authority and responsibility to provide the department with reports and documentation on all activities, services, and expenditures which involve this grant.*

Name: Armon C. Summerall Title: Director, Emergency Services  
 Business Address: 11 North 14 th. Street Box 12, Fernandina Beach, FL.  
 Telephone: (904) 261-6612 SunCom: \_\_\_\_\_

4. County's Federal Tax Identification Number: 591863042



5. **Resolution:** Attach a resolution from the Board of County Commissioners certifying the monies from the EMS County Grant will improve and expand the county's prehospital EMS system and that the grant monies will not be used to supplant existing county EMS budget allocations.

6. **WorkPlan:** Expansion of Rescue Services

**Work Activities:**  
Purchase Kitchen appliances, Furniture and construction for expansion of existing Rescue service to enhance Advance Life Support in the O'Neal section of Nassau County, Florida.

**Time Frames:**  
Within 12 Months after receiving Award Money.

7. **Proposed Expenditure Plan:** Prepare a line item budget.

<i>Recipient of Line Item</i>	<i>Line Item</i>	<i>Unit Price</i>	<i>Quantity</i>	<i>Total Cost</i>
Nassau Co.	Electric Stove	\$900.00	one	\$ 900.00
	Refrigerator	\$1,200.00	one	\$1200.00
	Microwave	\$ 350.00	one	\$ 350.00
	Furniture (Sofa, End Tables, Dinning Table with Chairs, etc.)	\$5,000.00		\$5000.00
	Building Construction		one	\$15,127.89
	Total:			

Attach additional pages if necessary for item 7.

**REQUEST FOR COUNTY GRANT DISTRIBUTION (ADVANCE PAYMENT)  
EMERGENCY MEDICAL SERVICES (EMS)  
COUNTY GRANT PROGRAM**

*In accordance with the provisions of section 401.113(2)(a), F.S., the undersigned hereby requests an EMS county grant distribution (advance payment) for the improvement and expansion of prehospital EMS.*

Payment To: Nassau County  
*Name of Board of County Commissioners (Payee)*  
11 North 14 th. Street, Box 12,  
*Address*  
Fernandina Beach, Florida 32034  
*(City) (State) (Zip)*

Federal Tax ID Number of county: 591863042

*Authorizing County Official*  
SIGNATURE:  Date: 9-14-92

Printed Name: Tom Branan Title: Chairman

**SIGN AND RETURN WITH YOUR GRANT APPLICATION TO:**

*Department of Health and Rehabilitative  
Services  
Office of Emergency Medical Services  
EMS County Grants  
1317 Winewood Boulevard  
Tallahassee, Florida 32399-0700*

*For Use Only by Department of Health and Rehabilitative Services,  
Office of Emergency Medical Services*

Amount: \$ \_\_\_\_\_ Grant Number: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature, State EMS Grant Officer*

Fiscal Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Organization Code E.O. Object Code  
60-20-60-30-100 HR 730060

Federal Tax I.D. V F \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_